

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

No Name Bearley
Lawsonia A County

MARYLAND

Date

of death

1909

Month

3

Day

13

Age

Years

still born

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Lawsonia Md

Occupation

none

Where Residing if not
at place of death

+

Married, Single
or Widowed

Single

Name of Wife or
Husband

+

Father's
Name

Lee Jno Bearley

Father's
Birthplace

Md

Mother's
Maiden Name

Doris A Somers

Mother's
Birthplace

Lawsonia Md

Name of person giving
Information

+

How related
to deceased

X

CAUSES OF DEATH

Primary

Still Born

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

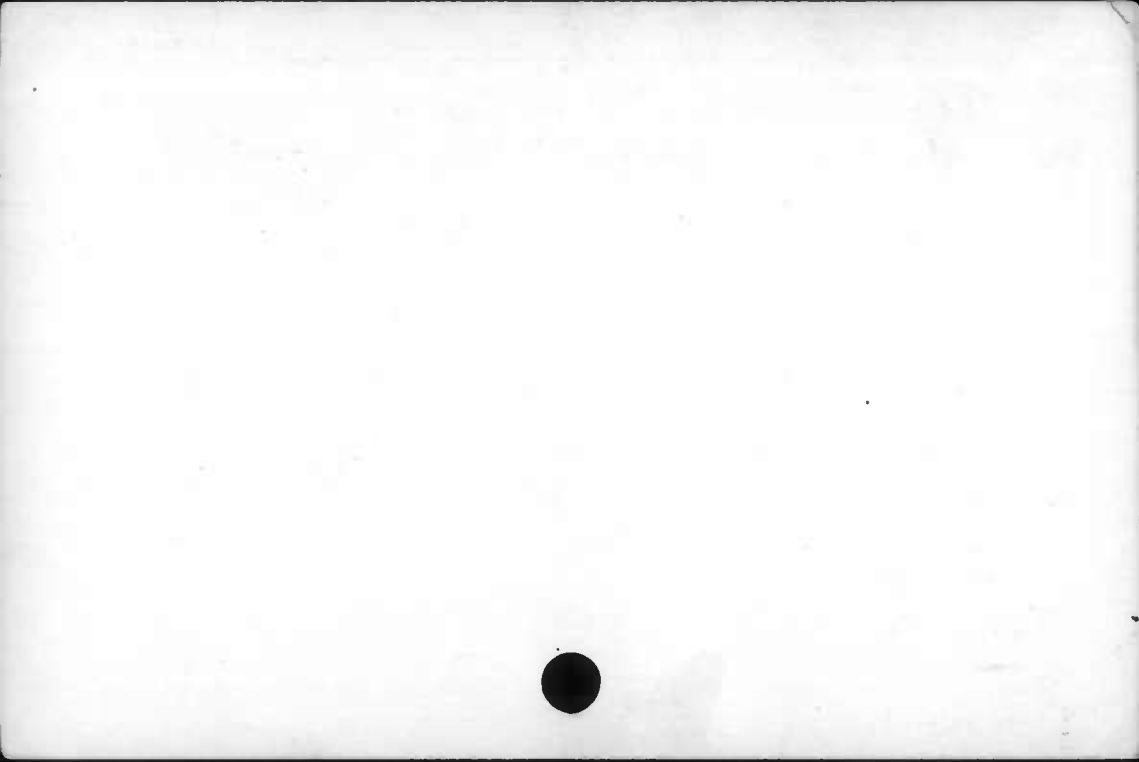
Signature of
Physician

Address

W F Hall
Orisfield Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

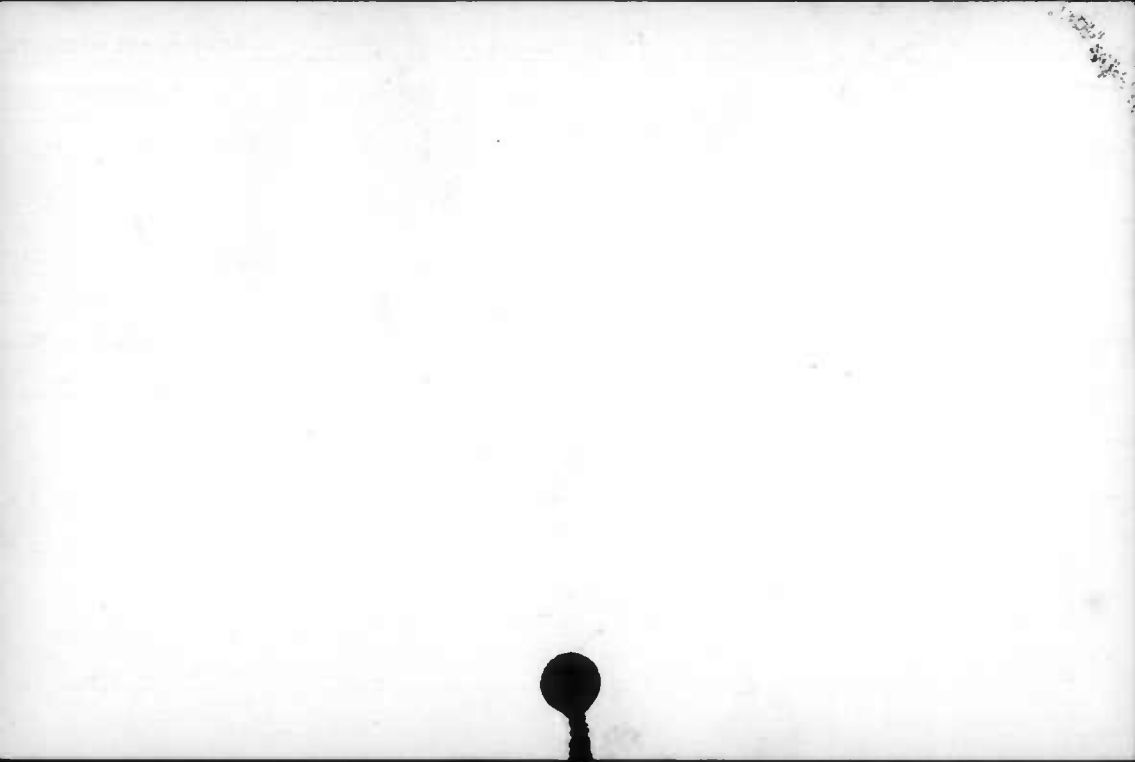
Died at		Town <i>Lewisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death		190	Month <i>9</i>	Day <i>8th</i>	Year <i>85</i>	Month	Day
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Somerset Conn</i>			
Occupation <i>Selling produce</i>		Where Residing if not at place of dath <i>near Lewisfield</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>Married</i>					
Father's Name <i>don't see</i>		Father's Birthplace <i>don't see</i>					
Mother's Maiden Name <i>don't see</i>		Mother's Birthplace <i>don't see</i>					
Name of person giving Information <i>Elmer Discoe</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	How long	<i>one month</i>
Immediate	<i>one month</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>none</i>	
		Address <i>S. H. Kennedy</i>	
Accident or Suicide		<i>Subsistence</i>	



Name
in
Full

Roger Bosman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Princess Anne* County *Dorchester* **MARYLAND**

Died at *Princess Anne*

Date of death *1909* Month *July* Day *20* Age *36* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Hammer Carpenter* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Judith Nelson.*

Father's Name *Henry Bosman* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary Bosman* Mother's Birthplace *Ind.*

Name of person giving Information *Ballard Bosman* How related to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *2 y or about*

Immediate *Aspiration* How long *Progressive*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *Chas. H. H. H. H.*

Address *Princess Anne*

Accident or Suicide *Ind*

(5)



Name
in
Full

CERTIFICATE OF DEATH

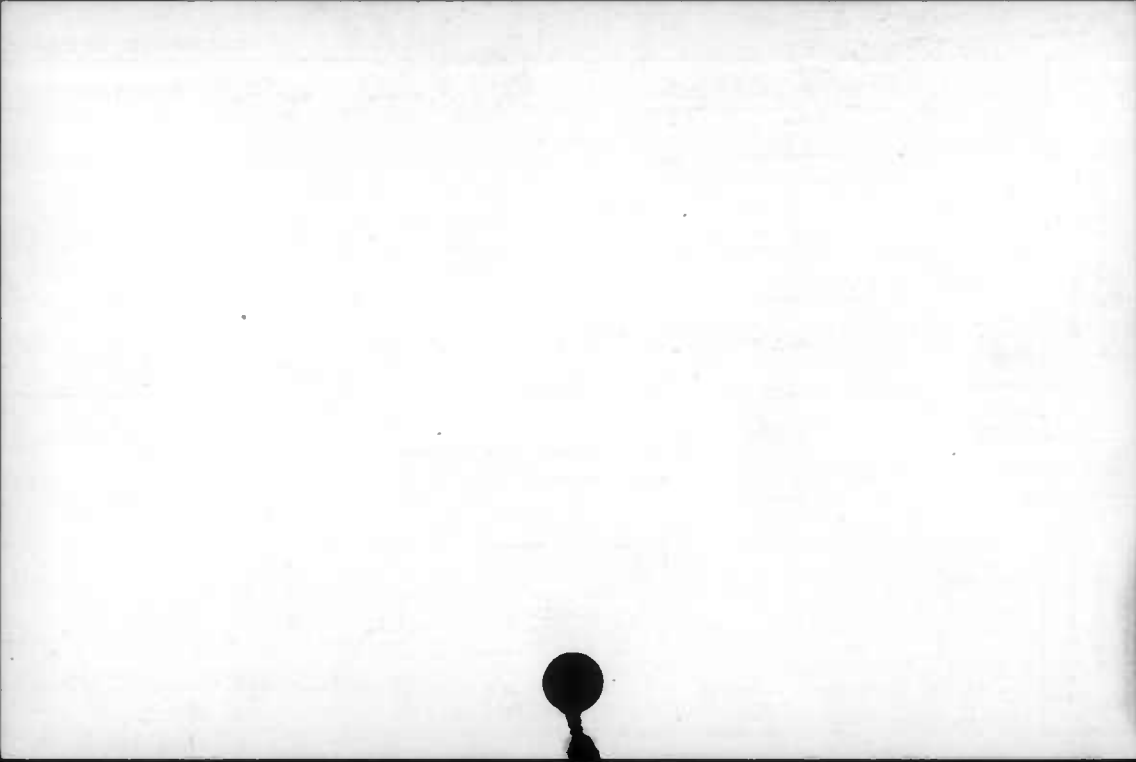
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marion</i>		County <i>Somerset,</i>		MARYLAND	
Date of death		190	9	Month <i>Mar</i>	Day <i>16</i>	Age	<i>Dead Born</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Marion Md</i>			
Occupation <i>Infant</i>		Where Reaiding if not at place of death		<i>—</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Roy Briddell</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Nsma <i>Pearl Mc Gee</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving Information <i>Pearl Mc Gee</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	<i>Dr. L. G. B. Allen</i>
		Address	<i>Marion Md.</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Chief Geo. D. Briddle* Town *Marynes* County *Somerset* MARYLAND

Died at *Marynes*

Date of death 190 *9* Month *June* Day *15* Age *3* Years Months Days

Sex *male* Color or Race *white* Birth-place *md*

Occupation *Lump -* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *George D. Briddle* Father's Birthplace *md*

Mother's Maiden Name *Sallie Bridle* Mother's Birthplace *md*

Name of person giving Information *George D. W. Hittington* How related to deceased *Father*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

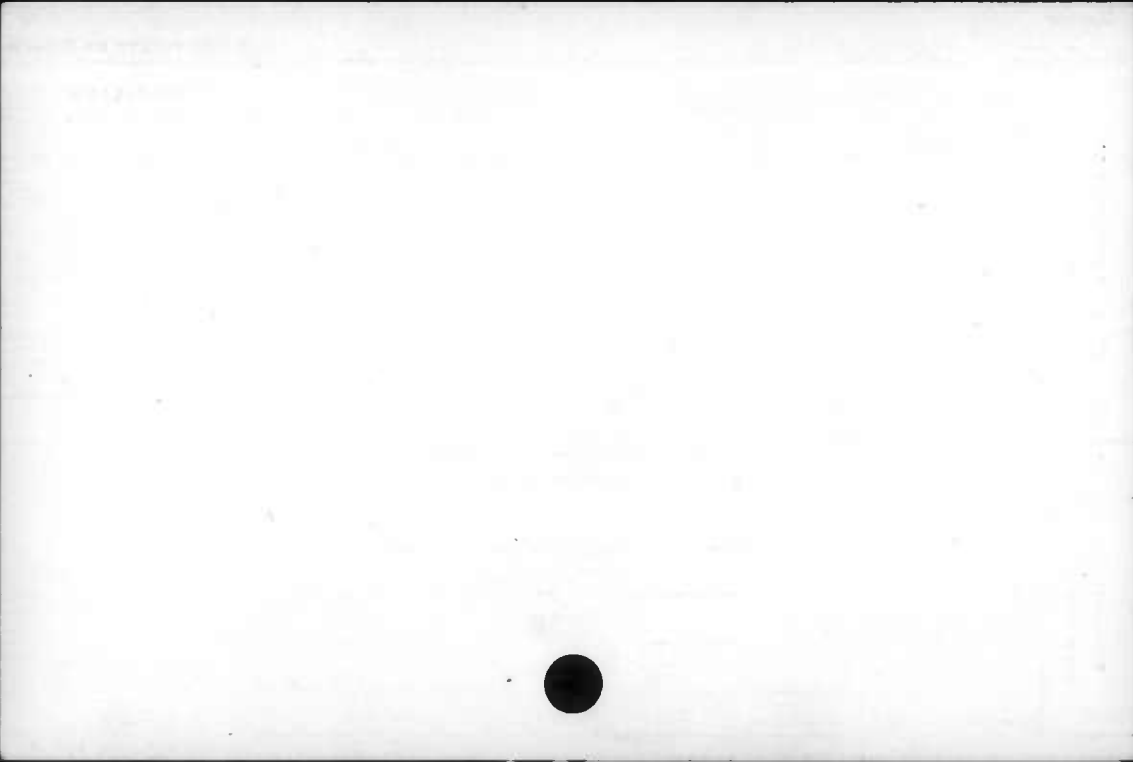
Primary *Pneumonia* How long *8 day -*

Immediate *Heart Failure* How long *—*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Dr. J. G. B. Allen* Address *Marynes md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John C. Bluff

Town *Princess Anne* County *Somerset*

Died at *Princess Anne*

Date of death *1909* Month *3* Day *4* Age *38* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Somerset Co*

Occupation *Farmer* Where Residing if not at place of death *Somerset Co Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Milbourn*

Father's Name *Robt Bluff* Father's Birthplace *Som. Co*

Mother's Maiden Name *Do not know* Mother's Birthplace *✓*

Name of person giving information *Chas W. Wainwright* How related to deceased *Not at all*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *4 years*

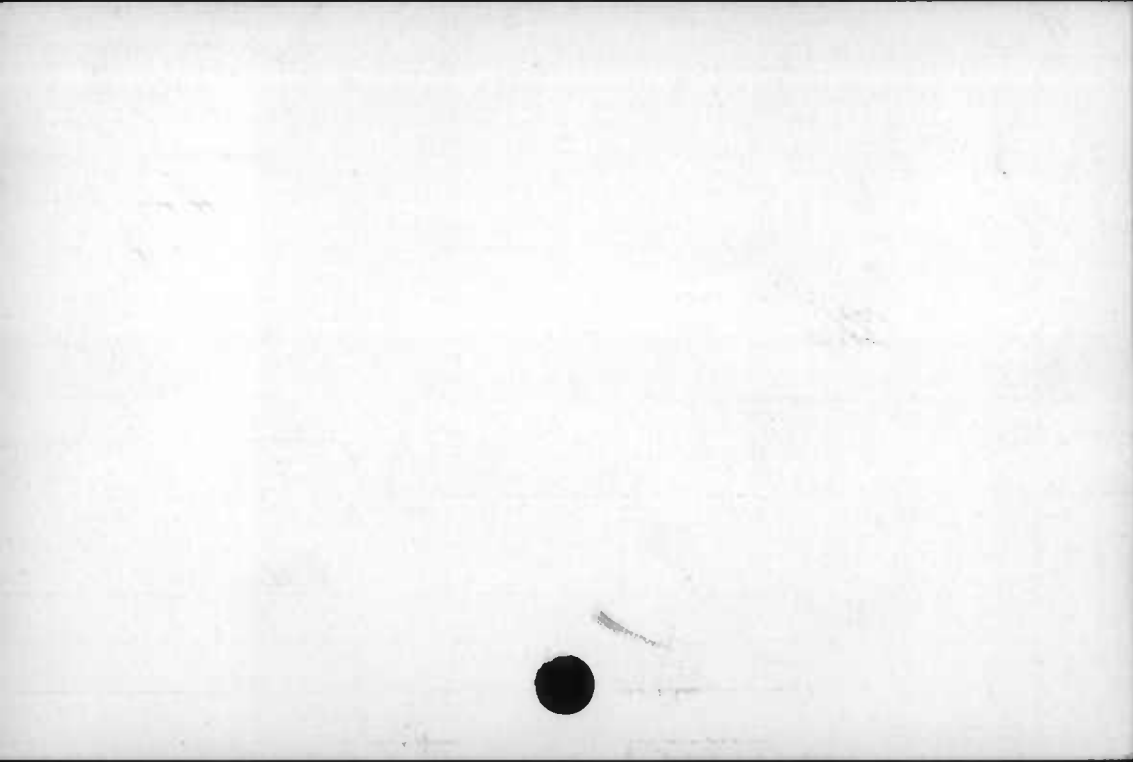
Immediate *Heart weakness* How long *2 or 3 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas W. Wainwright*

Address *Princess Anne Md*

Accident or Suicide? *No*



Name
in
Full

Sarah Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

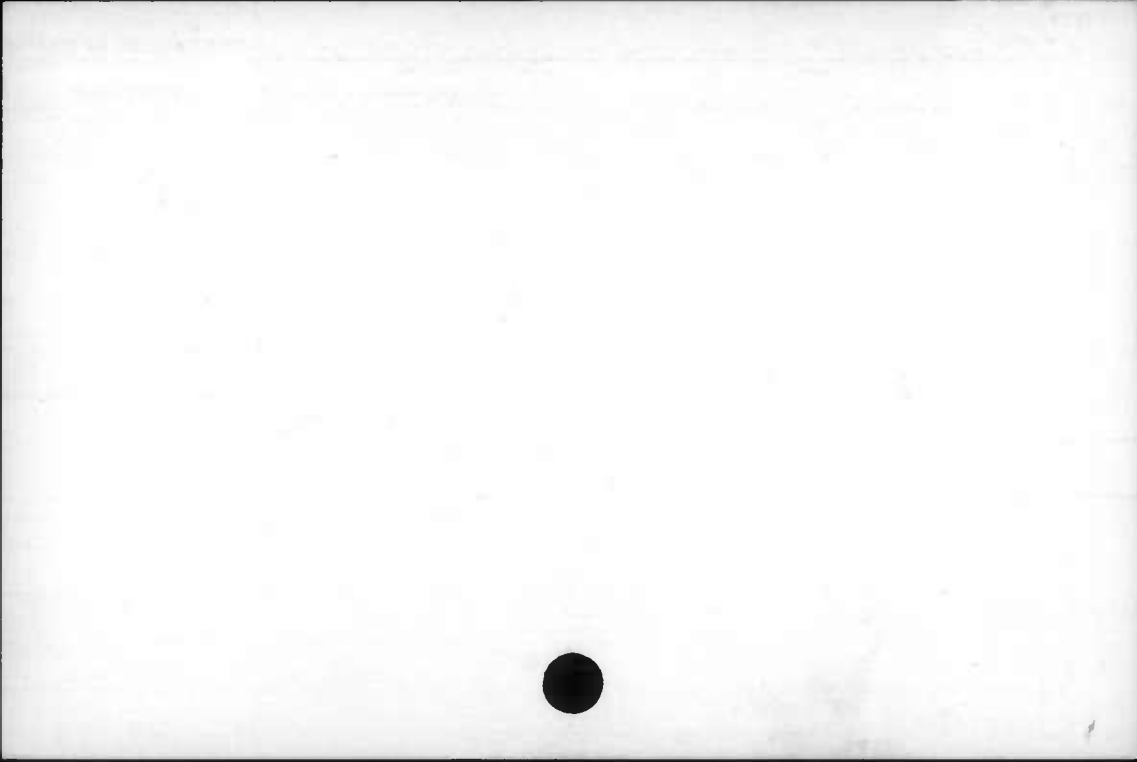
Died at <i>New Princess Anne</i>			County <i>Dorchester</i>			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1909	March	1	80				
Sex	Female		Color or Race	Colored		Birth-place	md.
Occupation	Housework			Where Reaiding if not at place of death			
Marrisd, Single or Widowed			Name of Wife or Husband				
Married			Samuel Collins.				
Father's Name			Father's Birthplace				
Isaac Jackson			md.				
Mother's Maiden Name			Mother's Birthplace				
Leah Johnson			md.				
Name of person giving Information			How related to deceased				
Sis. Jackson			Nephew.				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>Progressive.</i>
Immediate	<i>Asthma</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Chas. Fisher M.D.</i>	
		Address	
		<i>Princess Anne, md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Coulter Coleman

Town

County

MARYLAND

Died at

College Park

Vermont St.

Date

of death

1909

Month

3

Day

22

Age

Years

Months

1

Days

181

Sex

Female

Color or
Race

Black

Birth-
place

md

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Colt Coleman

Father's
Birthplace

md

Mother's
Maiden Name

Lena Ballard

Mother's
Birthplace

md

Name of person giving
Information

Colt Coleman

How related
to deceased

Father

CAUSES OF DEATH

9

Primary

Croup

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

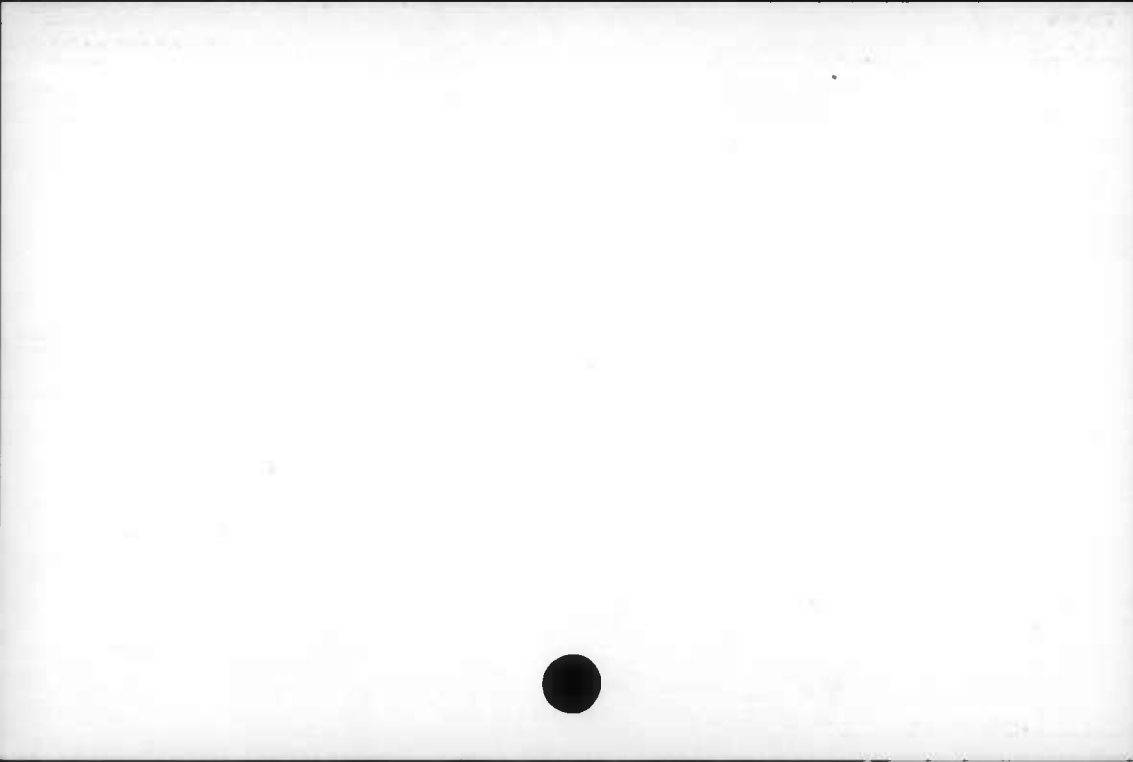
Signature of
Physician

Address

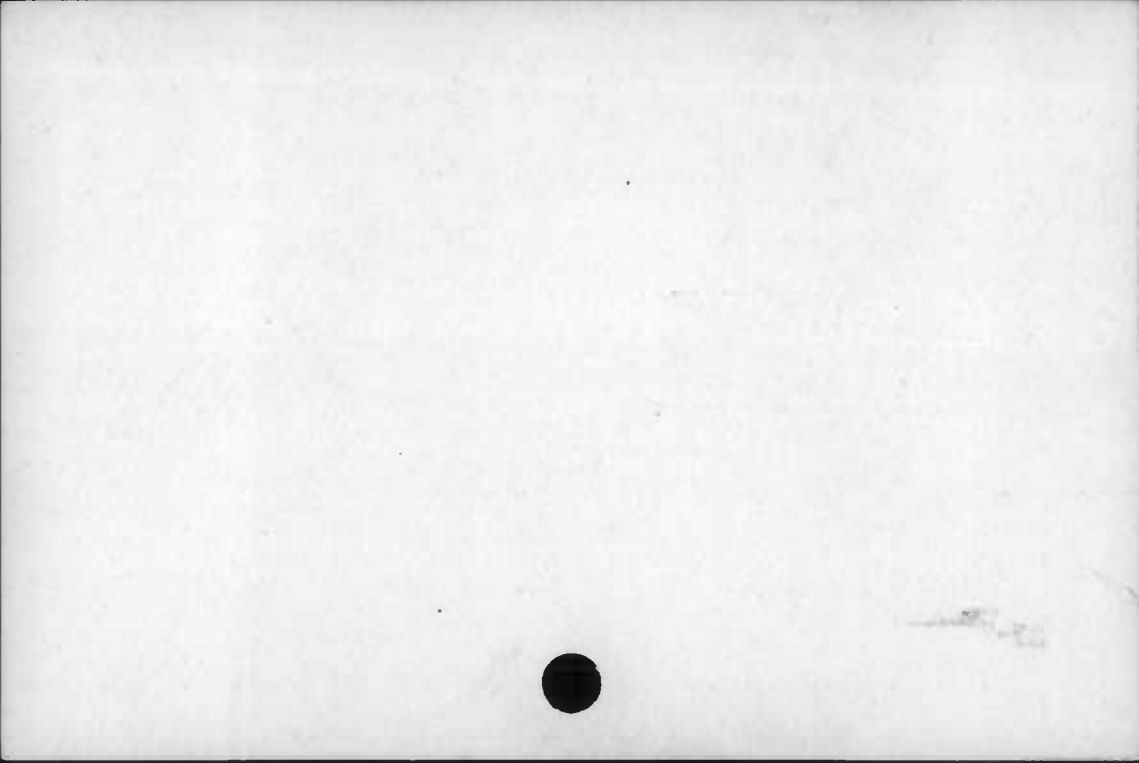
R. J. Smith (not in attendance)
Pr. Quin md

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Mary Catherine				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Town near Princess Anne		County Somerset		MARYLAND								
		Died												
		Date of death	1909	Month	March	Day	20	Years	Age	50	Months		Days	
		Sex	Female	Color or Race		Caucasian		Birth-place		Md.				
		Occupation		Housework		Where Residing if not at place of death								
		Married, Single or Widowed		Married		Name of Wife or Husband		Daniel Dinkford						
		Father's Name		Unknown		Father's Birthplace		Md.						
Mother's Maiden Name		Grace Unknown		Mother's Birthplace		Md.								
Name of person giving information		Hatter Dixon		How related to deceased		Son-in-law								
				CAUSES OF DEATH		27								
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long		4 yrs. chronic						
		Immediate		Asthma		How long		Several days						
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. F. Fisher M.D.						
						Address		Princess Anne Md.						
		Accident or Suicide?												



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

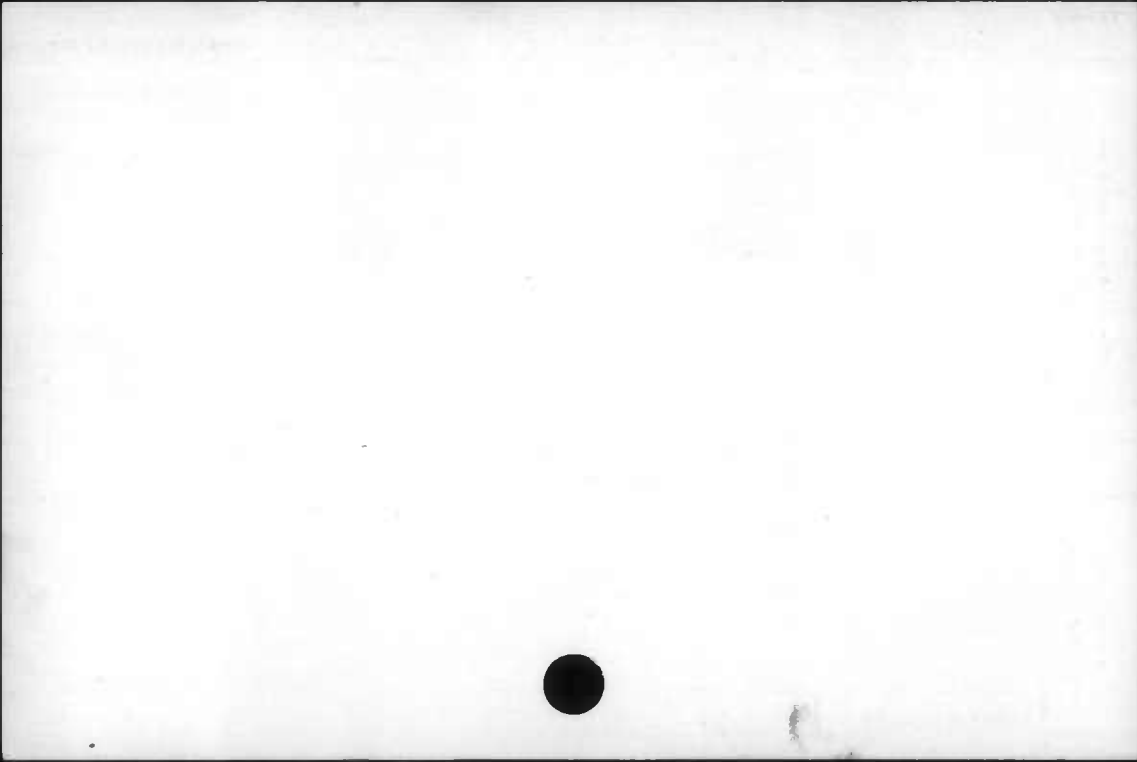
Floyd
Town *Marion* County *Saunder* **MARYLAND**
Died at
Date of death 190 *9* Month *March* Day *27* Age *9* Years Months Days
Sex *Male* Color or Race *Black* Birth-place *Marion*
Occupation *Lumber* Where Residing if not at place of dath *—*
Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *John Floyd* Father's Birthplace *Ind*
Mother's Maiden Name *Mary* Mother's Birthplace *Ind*
Name of person giving Information *John Floyd* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Inanition* How long *9 days*
Immediate *exhaustion* How long
Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *Dr. J. G. B. Allen*
Address *Marion, Ind.*
Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

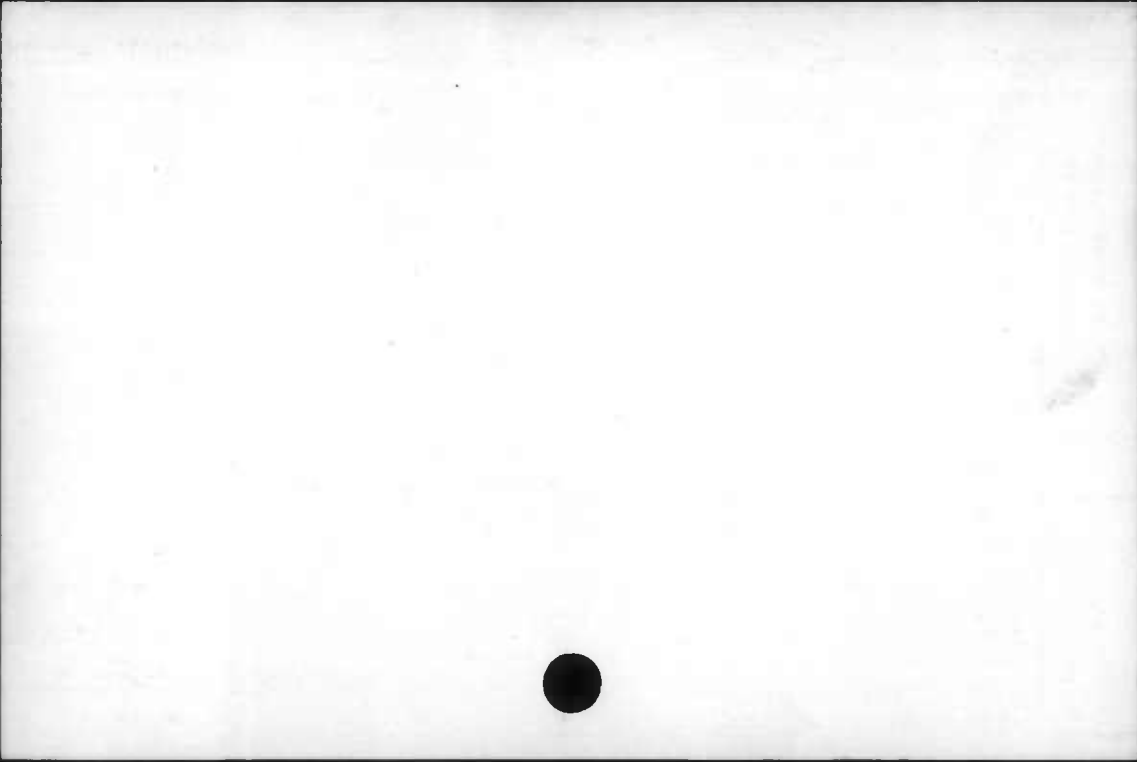
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion</i> Town <i>Harris</i> County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>9</i> Month <i>March</i> Day <i>7</i> Age <i>2</i> Years Months Days <i>hours</i>	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Marion</i>
Occupation <i>Lumber</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>W. G. Harris</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mattie Templeman</i>	Mother's Birthplace <i>Del</i>		
Name of person giving Information <i>W. G. Harris</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature</i> Born at <i>7 mos</i>	How long <i>151</i>
Immediate <i>lived 3</i>	How long <i>hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. Q. B. Allen</i>
	Address <i>Marion Ind.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Stephus R. Foyman

Town

County

MARYLAND

Died at Princess Anne

Somerset

Date

of death

1909

Month

March

Day

15

Age

Years

80

Months

—

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Somerset Co

Occupation

Farmer

Where Residing if not
at place of death

Princess Anne 2nd

Married, Single
or Widowed

Married

Name of Wife or
Husband

Louisa A. Foyman

Father's
Name

William Foyman

Father's
Birthplace

Som. Co.

Mother's
Maiden Name

Haley, Bailey

Mother's
Birthplace

Som. Co

Name of person giving
Information

James C. Foyman

How related
to deceased

Son

CAUSES OF DEATH

93

Primary

Pneumonia

How long

1 Week

Immediate

Pneumonia

How long

1 Week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

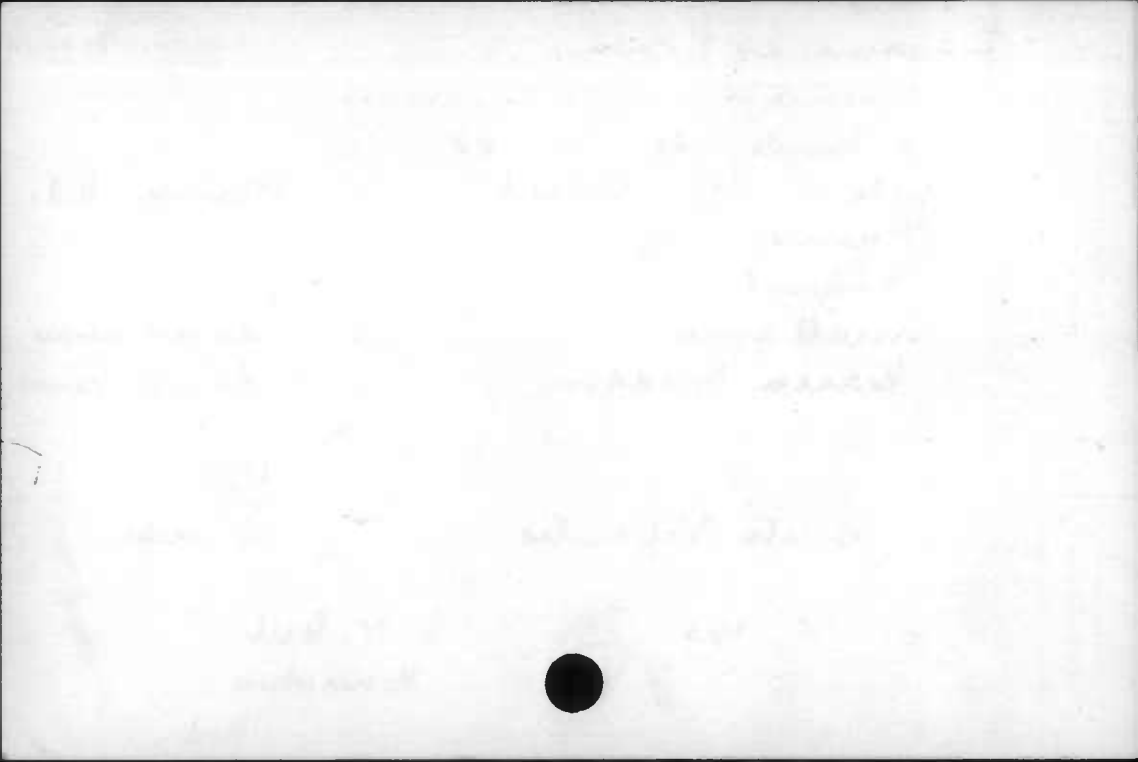
Chas. W. Wainwright

Address

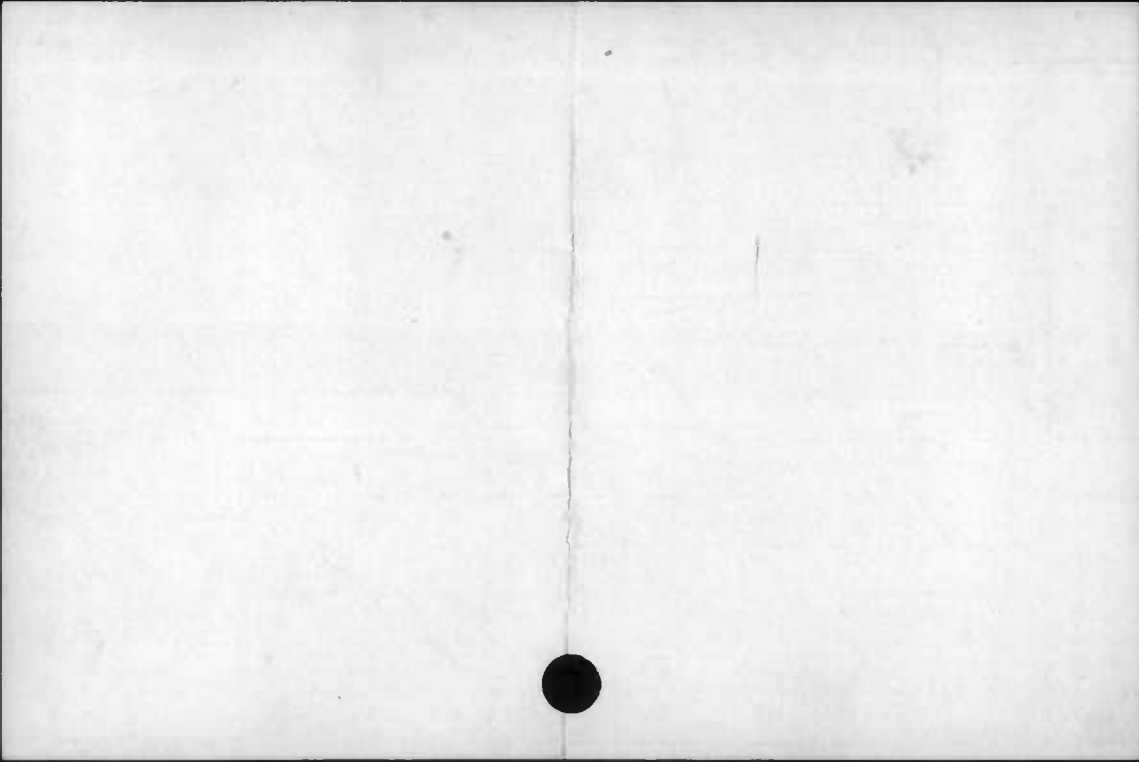
Princess Anne

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Samuel G. Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Moanokin		County Somerset		MARYLAND	
		Date of death 1909		Month March	Day 31	Age 66	Years Months Days
		Sex Male		Color or Race Colored		Birth- place Westover, Md.	
		Occupation Farmer		Where Residing if not at place of death			
		Married, Single or Widowed Widowed		Name of Wife or Husband Henrietta Jones.			
		Father's Name Revell Jones		Father's Birthplace do not know			
		Mother's Maiden Name Maria Maddy		Mother's Birthplace do not know			
		Name of person giving Information		How related to deceased			
		CAUSES OF DEATH		120			
PHYSICIAN OR CORONER		Primary		Acute Nephritis		How long 2 weeks	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician G. W. Gill	
				Address Moanokin			
		Accident or Suicide?				Md.	



Name
in
Full

Miss Anna R. Laird

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Crisfield* ^{Town} *Somerset* ^{County}
 Date of death *1909* ^{Year} *Mar* ^{Month} *5* ^{Day} *62* ^{Age} *62* ^{Years} *—* ^{Months} *—* ^{Days}
 Sex *Female* Color or Race *White* Birth-place *Somerset Co*
 Occupation *Milliner* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *John Laird* Father's Birthplace *Somerset Co*
 Mother's Maiden Name *Rizziah Laird* Mother's Birthplace
 Name of person giving information *Mrs Susan Nelson* How related to deceased *None*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *4 days*
 Immediate *Paralysis* How long *4 days*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Somerset*
No Address *Crisfield, Md.*
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Frederic M. Landiny

Town

Marion

County

Somerset

MARYLAND

Died at

Date

of death

1909

Month

3

Day

26

Age

Years

23

Months

—

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Norcross Co Md

Occupation

Farming

Where Residing if not
at place of death

+

Married, Single
or Widowed

Single

Name of Wife or
Husband

+

Father's
Name

John H Landiny

Father's
Birthplace

Norcross & Md

Mother's
Maiden Name

Annie S Strawn

Mother's
Birthplace

Md

Name of person giving
Information

John H Landiny

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

one year

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W F Hall

Address

Oxford Mo

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth V. Laver

CERTIFICATE OF DEATH

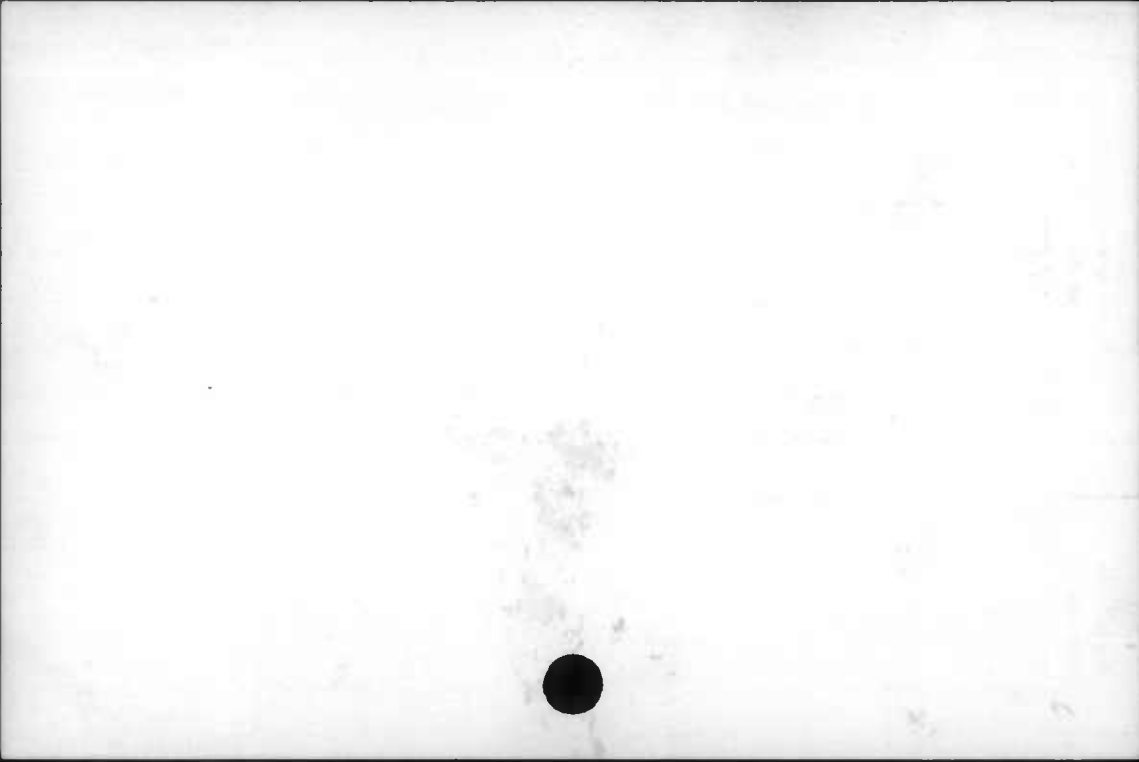
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Feb	4	Age 64	11		
Sex		Color or Race		Birthplace			
Female		White		Beonae Co Va			
Occupation		Where Residing if not at place of death					
Home work							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		George Laver					
Father's Name		Father's Birthplace					
John Foster		Doubtless					
Mother's Maiden Name		Mother's Birthplace					
Esther (unknown)		11					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	10	3 weeks
Immediate	Apoplexy	How long	4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		C. B. Callison		
		Address		
		Ainsfield		
Accident or Suicide				



Name
in
Full

No name Miles

CERTIFICATE OF DEATH

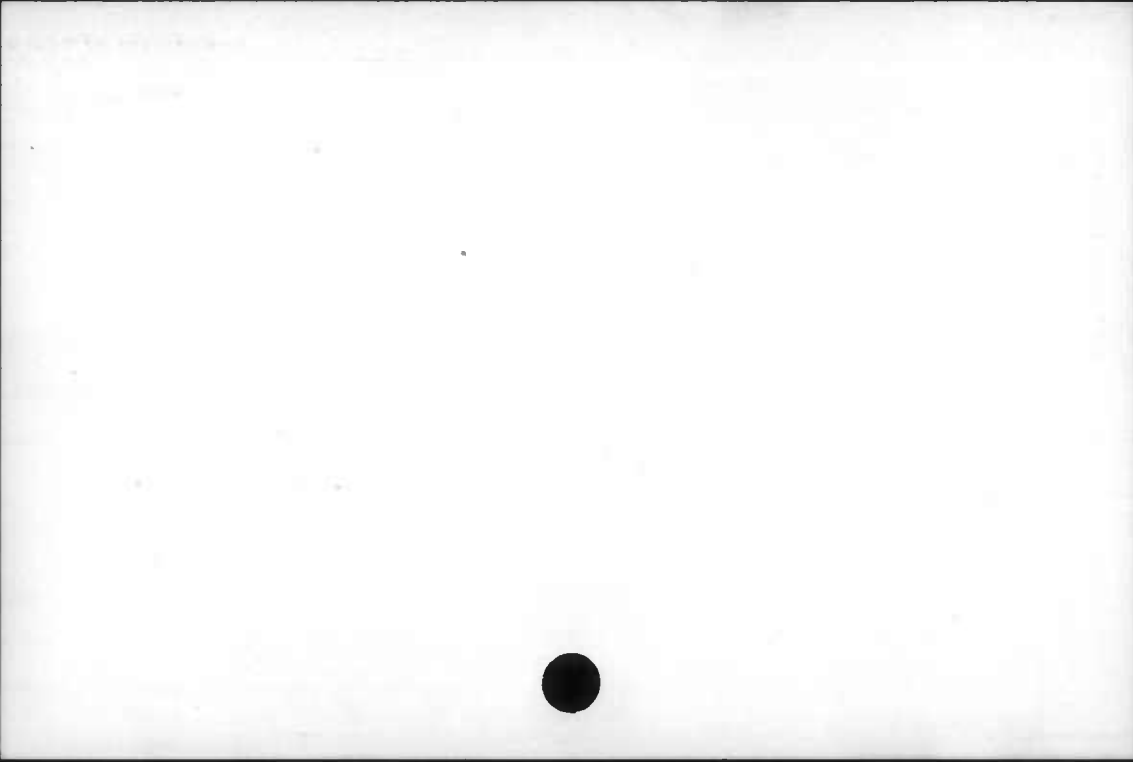
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	22		Stice Born		
Sex		Color or Race		Birthplace			
Female		Black		md			
Occupation				Where Residing if not at place of death			
✓				✓			
Married, Single or Widowed		Name of Wife or Husband					
Single		✓					
Father's Name				Father's Birthplace			
Richard Miles				md			
Mother's Maiden Name				Mother's Birthplace			
Eileen Melbourn				md			
Name of person giving Information				How related to deceased			
Father				S			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Stice Born	✓
Immediate	How long
"	✓
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician
7-0	D. Smith (not in attendance)
	Address
	Stice Born md
Accident or Suicide	



Name
in
Full

Norman Mister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

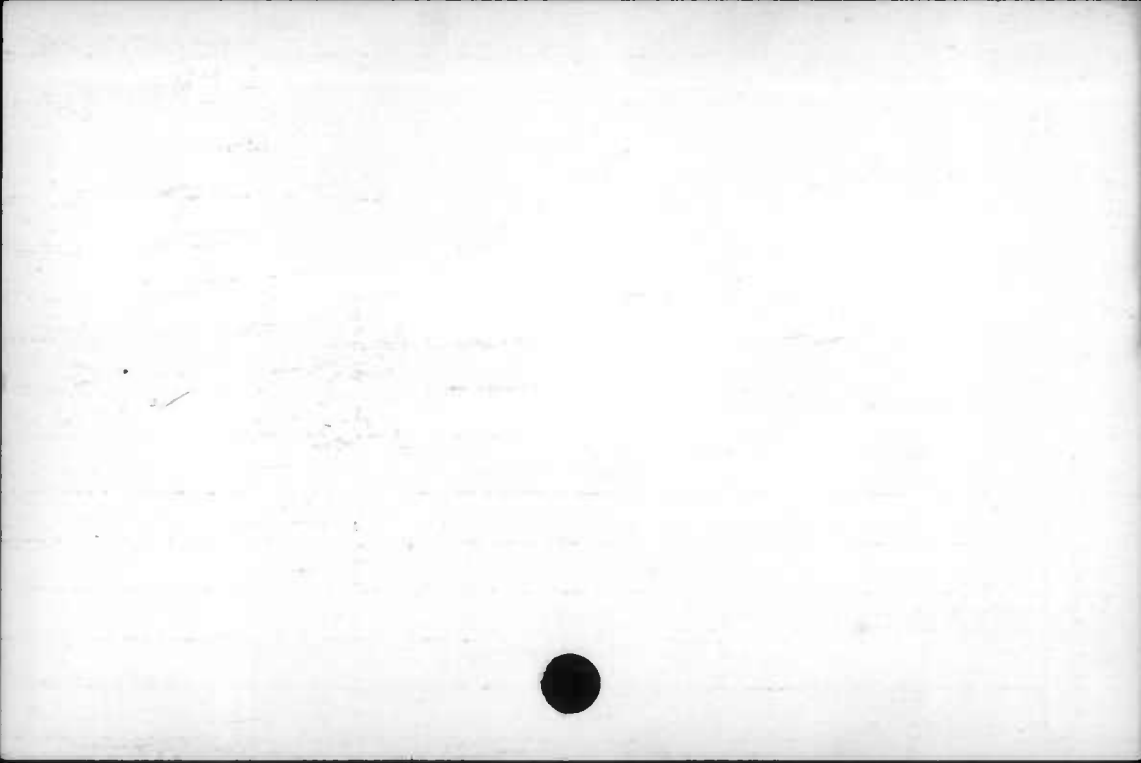
Died at <i>Lawsonia</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Mar</i>	Day <i>10</i>	Age <i>1</i>	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Lawsonia</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>George Mister</i>	Father's Birthplace <i>Lawsonia</i>				
Mother's Maiden Name <i>Effie Sterling</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>J. S. Lawson</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. Somers</i>
<i>No</i>	Address <i>Crisfield, Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Martha S. Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

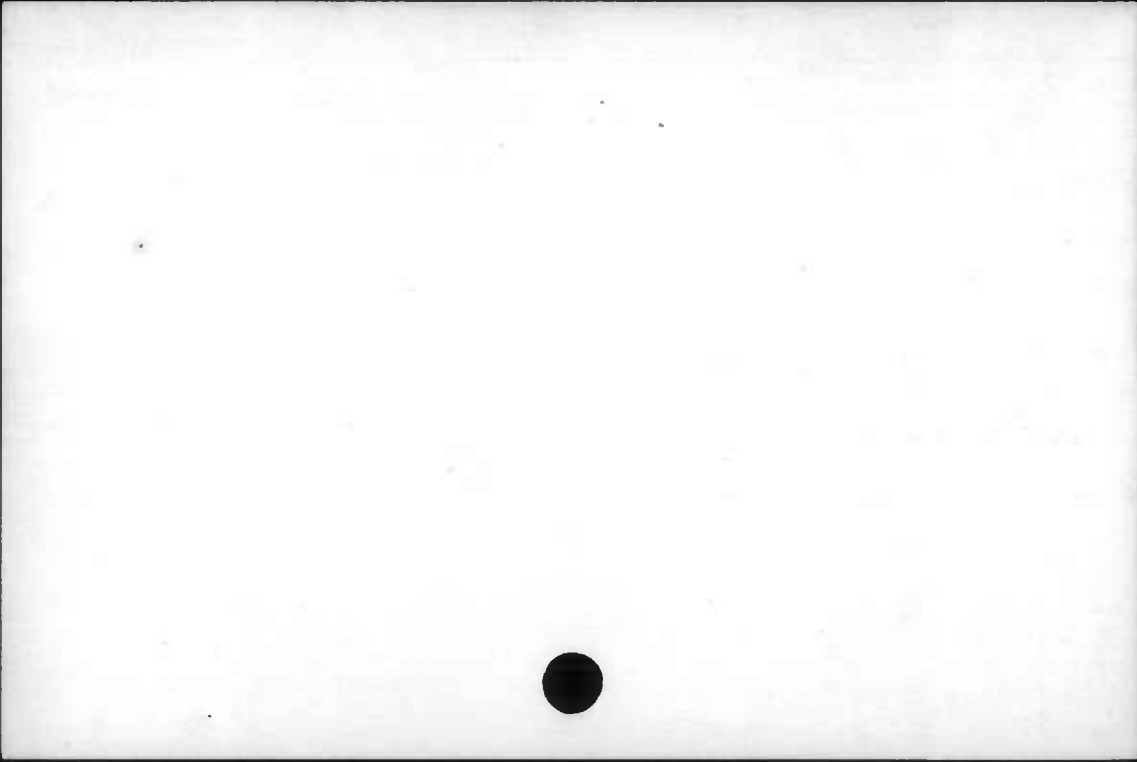
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Mar	17	87			
Sex	Female	Color or Race	White		Birth-place	Somerset Co	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband				
Gabriel T Parks							
Father's Name	Thomas Roberts		Father's Birthplace		Unknown		
Mother's Maiden Name	Jesse Mitchell		Mother's Birthplace		Unknown		
Name of person giving Information	Thomas Parks		How related to deceased		Son		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	1 week
Immediate	General debility & old age		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Princess Anne		
		P. F. D. No 2		
Accident or Suicide				



Name
in
Full

Grace Lawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Crisfield* Town *Somerset* County **MARYLAND**

Date of death 1909 *March* Month *4* Day *85* Years *85* Months Days

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death *Crisfield*

Married, Single or Widowed *Widow* Name of Wife or Husband *Edward Tarkenton*

Father's Name *Isaac Lawson* Father's Birthplace *Md.*

Mother's Maiden Name *Sallie Lawson* Mother's Birthplace *Id.*

Name of person giving Information *Jas. C. Lawson* How related to deceased *Son*

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

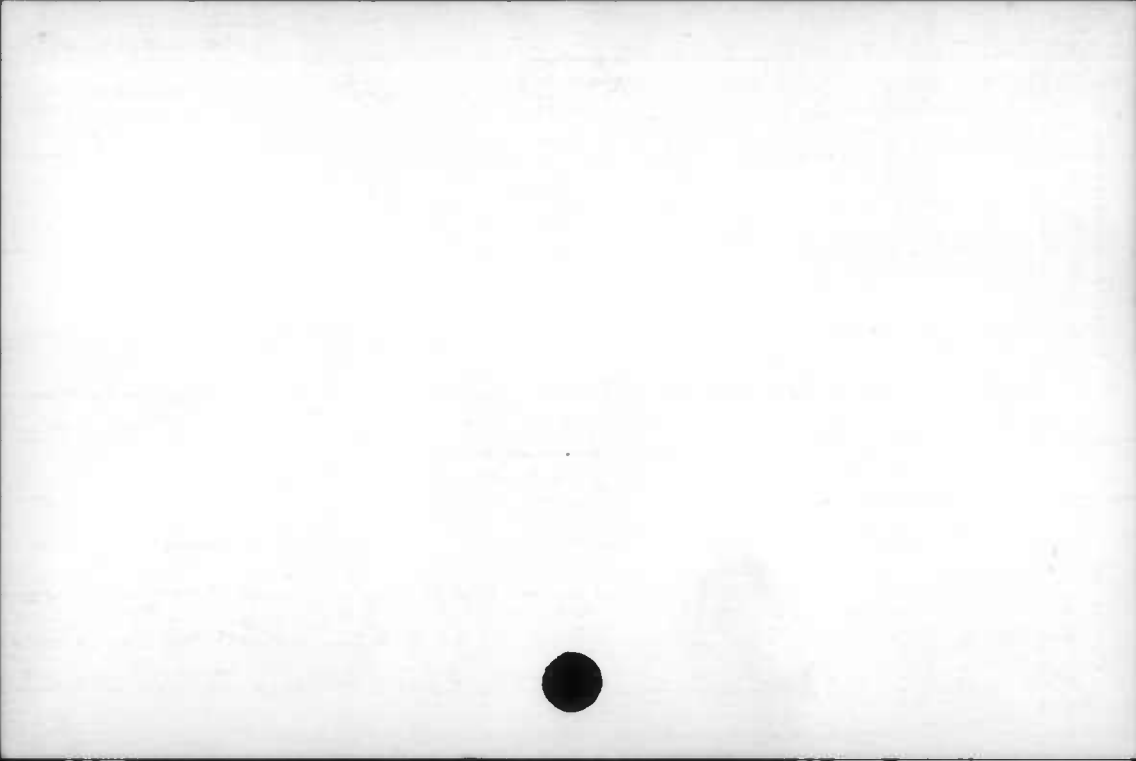
Primary *Valvular Heart* How long *5 years*

Immediate *Acute cystitis* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. F. Stael*

Address *Crisfield Md.*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mileah Filghman*

Town *Upper Fairmount* County *Cornerset*

Died at *Upper Fairmount*

Date of death 190 *9* Month *Mar* Day *4* Age *86* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Cornerset-les*

Occupation *Housework* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Levin Filghman*

Father's Name *Dont know* Father's Birthplace *Unknown*

Mother's Maiden Name *Dont know* Mother's Birthplace *Unknown*

Name of person giving Information *Bankshire Waters* How related to deceased *Grand Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senile Debility* How long *Gradually failed*

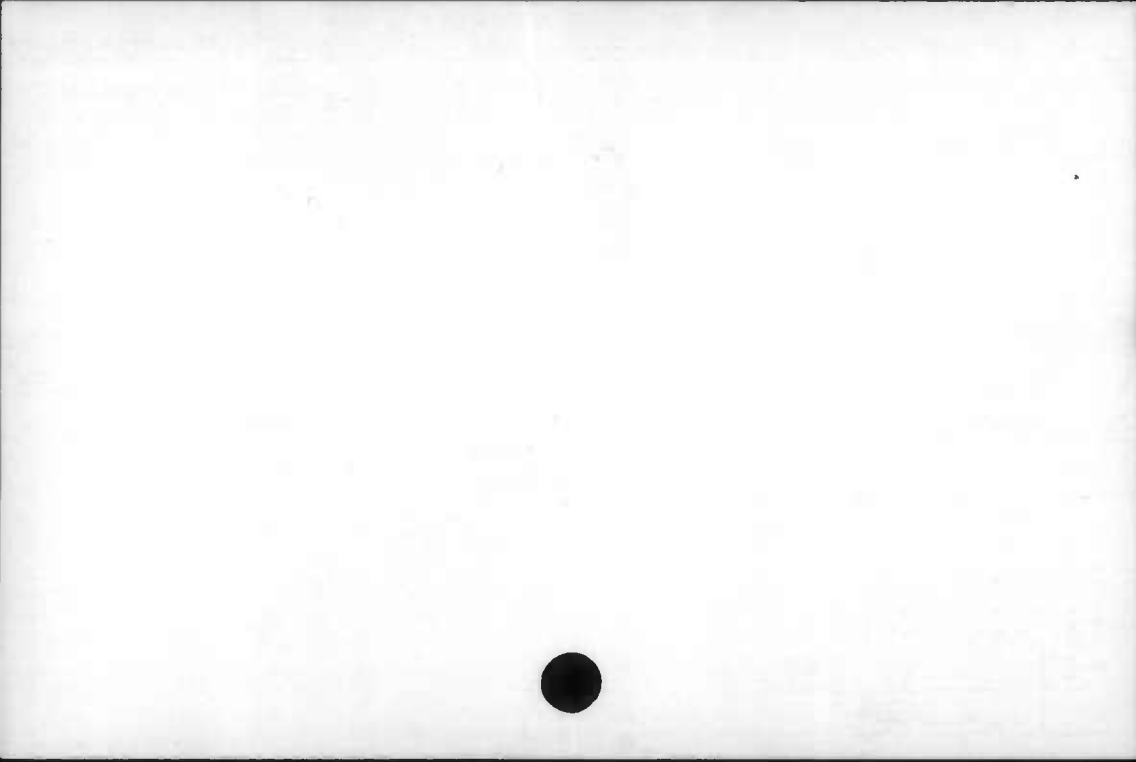
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. E. Dickinson*

Address *Upper Fairmount, Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Sadie Webster

Died at *MT Farm*

County

Somerset

MARYLAND

Date

of death

1909

Month

Mar

Day

27th

Age

Years

27

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Somerset Co*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*J. L. Webster*Father's
Birthplace*Somerset Co*Mother's
Maiden Name*Matilda C. Hopkins*Mother's
Birthplace*Somerset Co*Name of person giving
Information*Clara Hopkins*How related
to deceased*Nephew*

CAUSES OF DEATH

69

Primary

Epilepsy

How long

Immediate

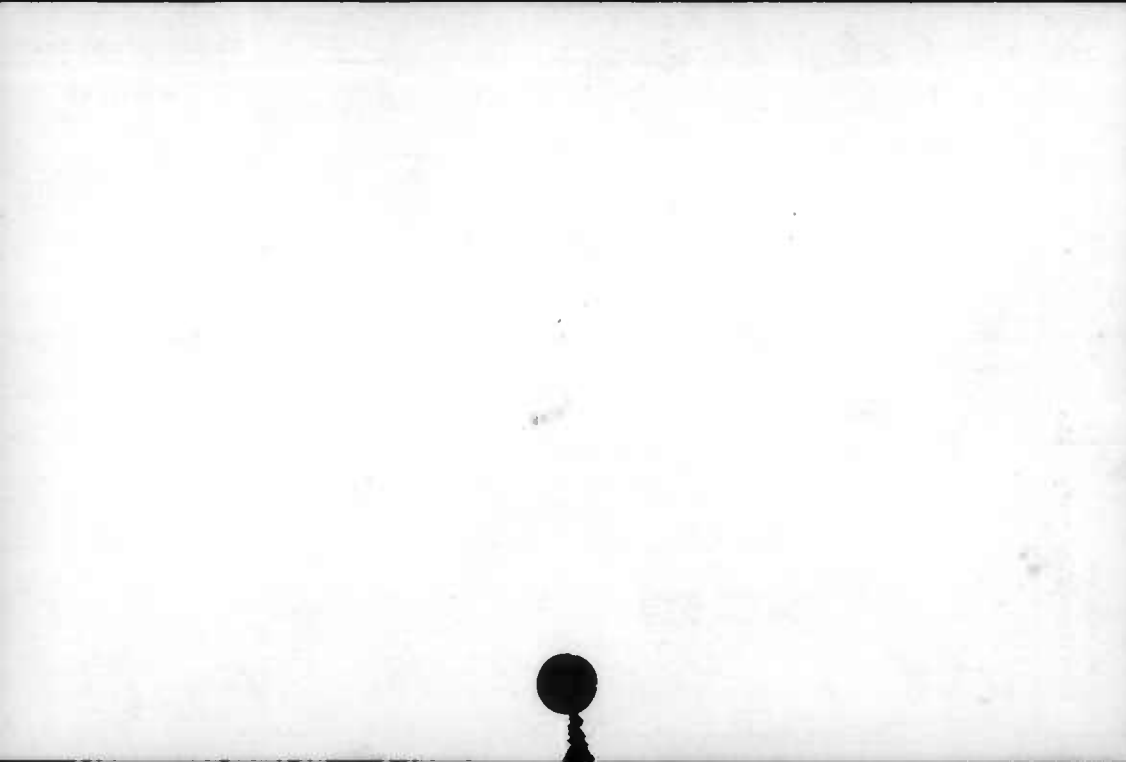
*How long 8 years*Are the name, age, sex, color, data
and place correctly given above?*Yes*Signature of
Physician

Address

*H. A. Barnes M.D.
Crimmstown Md
P.O. No 2*

Accident or Suicide

*Filed 1909*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

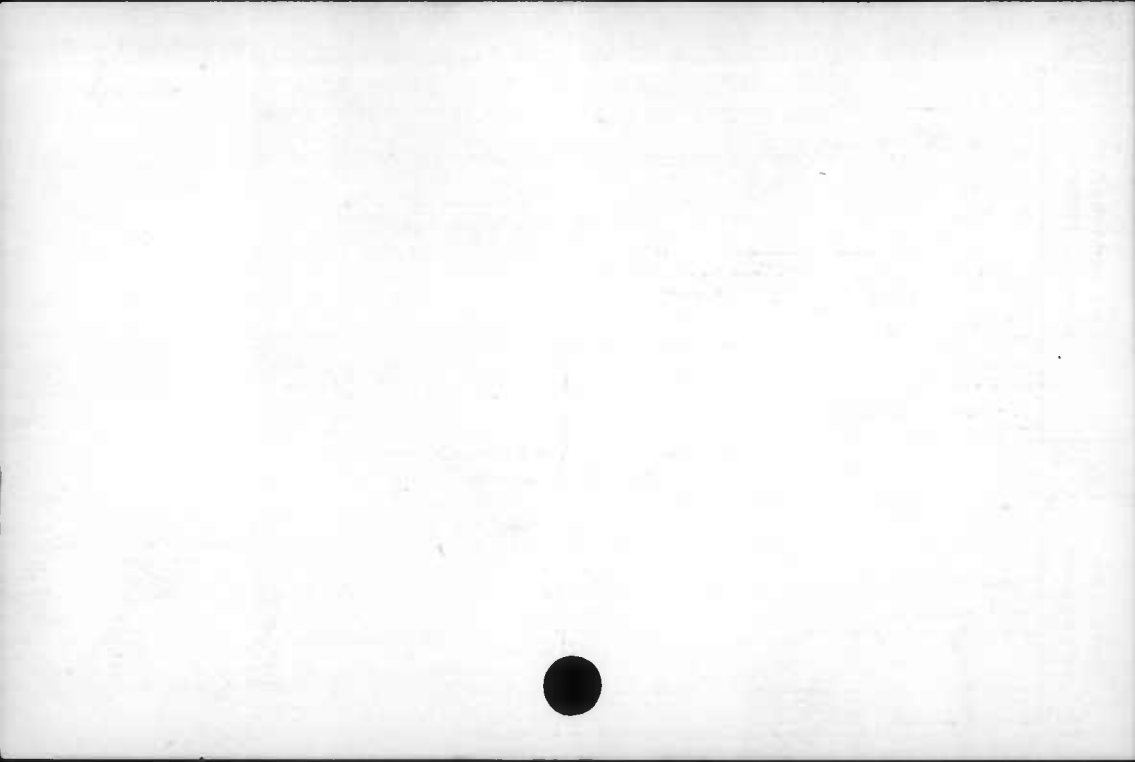
Died at		Town		County		MARYLAND	
Deale's Island		Somerset					
Date of death	1907	Month	March	Day	19	Age	1
						Months	11
						Days	4
Sex	Male		Color or Race	White		Birth-place	Somerset Co.
Occupation				Where Residing if not at place of death		Deale's Island Md.	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Hosea C. Webster				Father's Birthplace	Somerset Co., Deale's Island Md.	
Mother's Maiden Name	Laura C. Kelley				Mother's Birthplace	Somerset Co., Chesapeake Md.	
Name of person giving Information	Laura C. Webster				How related to deceased	Mother	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intussusception		How long	Two days.
Immediate	Surgical Shock		How long	Two days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes.		Chas. J. Schwartz		
		Address		
		Deale Island, Md.		
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

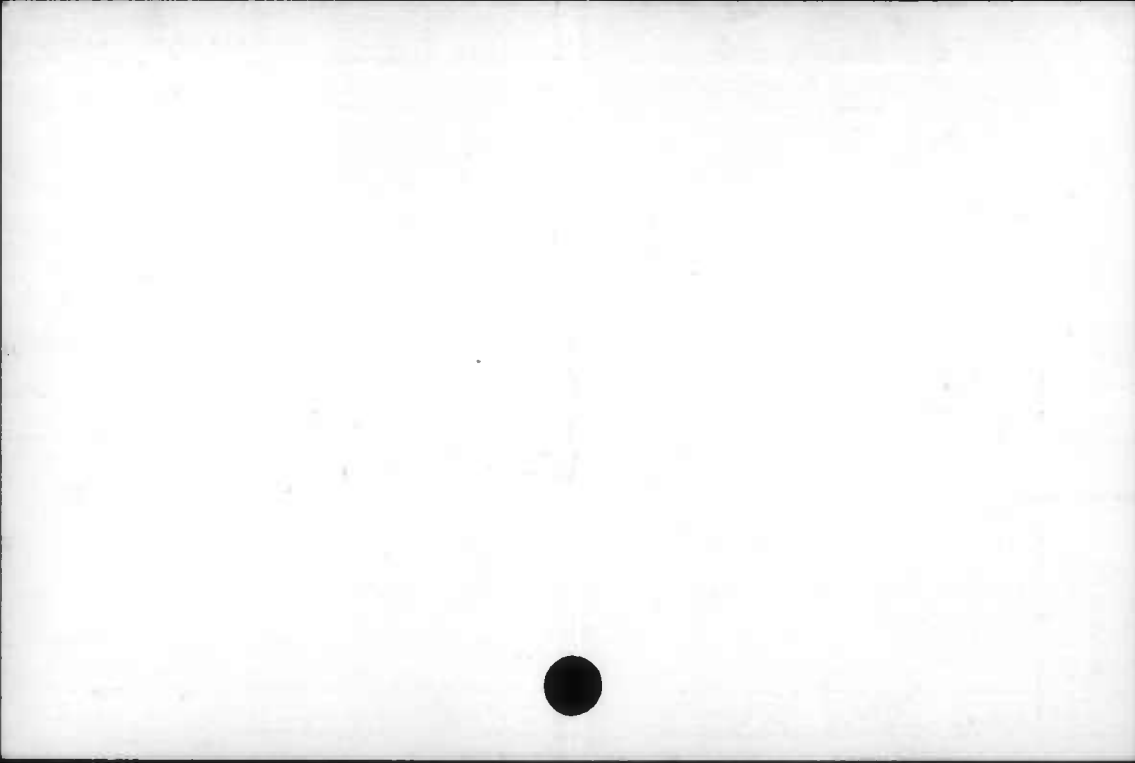
Name in Full <i>Zella Webster</i>		Town <i>Deal Island</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>21</i>		Years <i>4</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co.</i>			
Occupation <i>School Girl.</i>		Where Residing if not at place of death <i>Deal's Island Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Hosea C. Webster</i>		Father's Birthplace <i>Somerset Co.</i>					
Mother's Maiden Name <i>Laura Kelley</i>		Mother's Birthplace <i>Chauce Md.</i>					
Name of person giving Information <i>Laura Webster</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

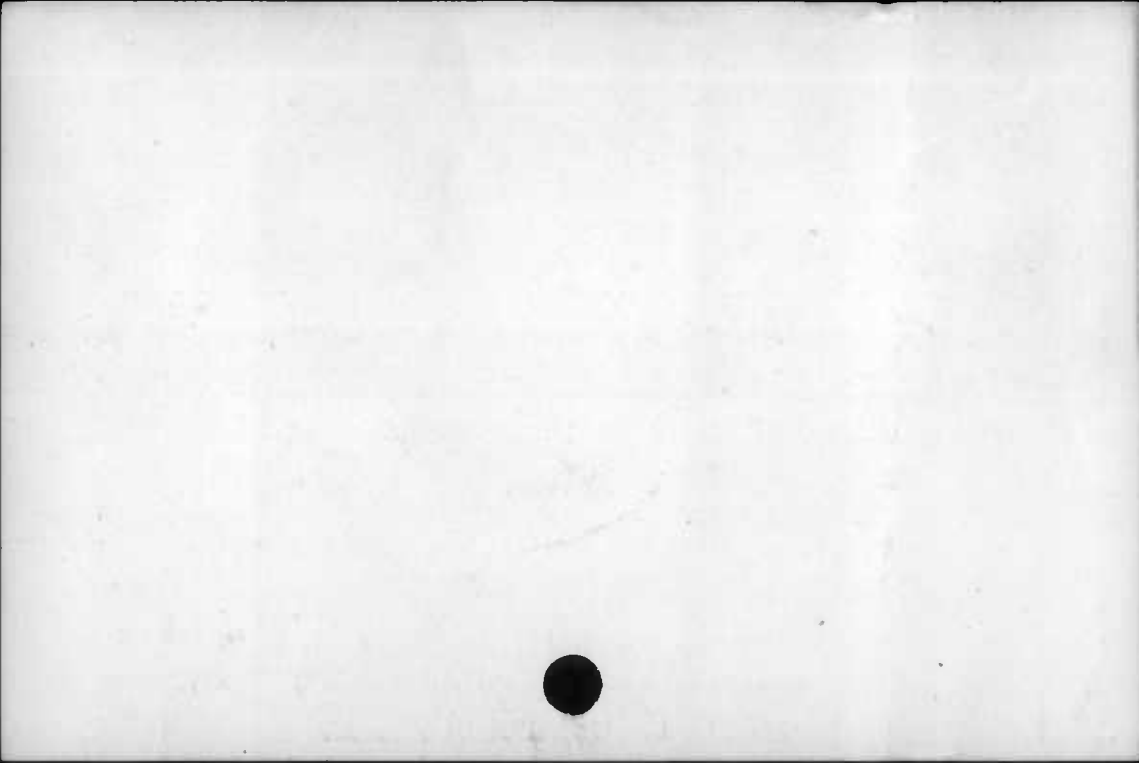
175

PHYSICIAN
OR CORONER

Primary <i>Stomach Poisoning</i>	How long <i>Two days</i>
Immediate <i>Coma</i>	How long <i>One ..</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. J. Schwatke.</i>
	Address <i>Deal Island.</i>
Accident or Suicide	



Name in Full		Rosa White				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chance		County Somerset		MARYLAND
	Date of death		1909	Month July	Day 30th	Age 24	Months Days
	Sex		Male		Color or Race White		Birth- place Som. Co.
	Occupation Oyster man				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name Edward White				Father's Birthplace Som. Co.		
	Mother's Maiden Name Mary A. Price				Mother's Birthplace Som. Co.		
Name of person giving In formation		Edward White				How related to deceased Father	
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER	Primary Tuberculosis				How long One year		
	Immediate Asthma				How long		
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				S. J. Windsor, M.D.		
Address				Danes Quarter, Som. Co., Md.			
Accident or Suicide?				No			



Name
in
Full

Alonge W Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Marian</i>		Town <i>near Marian</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>2nd</i>		Age <i>16</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>		Months <i>—</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo O Whittington</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Effie</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Geo O. Whittington</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gunshot - Wounded.</i>		How long <i>12 hours</i>	
Immediate <i>Internal Hemorrhage</i>		How long <i>5-7 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. G. B. Allen</i>	
		Address <i>—</i>	
Accident or Suicide? <i>Accident</i>		<i>Will die</i>	

14^m wide

11 " deep

3 ft 2 Long

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Wilson

Died at Wt. Vernon Town Sonnet County MARYLAND

Date of death 1909 Mar Month 6 Day Infant Age Infant Years Months Days

Sex Female Color or Race White Birth-place Wt. Vernon

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name James Wilson Father's Birthplace Sonnet Co

Mother's Maiden Name Larkin Hopkins Mother's Birthplace Sonnet Co

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Stomach How long 8

Immediate Stomach How long _____

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. J. Bann

Address Truexs River

Accident or Suicide P.F.D. No 2

